

United States District Court  
Southern District of Texas  
FILED

JAN 15 2019

David J. Bradley, Clerk

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
McALLEN DIVISION

UNITED STATES OF AMERICA

v.

WILLIAM EDWARD BORJON

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§

M-19-0079

SEALED INDICTMENT

**THE GRAND JURY CHARGES:**

At all times material to this Indictment:

1. A "health care benefit program" under Section 24(b) of Title 18, United States Code, was defined as "any public or private plan or contract, affecting commerce, under which any medical benefit, item, or service is provided to any individual, and includes any individual or entity who is providing a medical benefit, item, or service for which payment may be made under the plan or contract."

2. The Medicare Program ("Medicare") was a federal health care program providing benefits to individuals who were over the age of 65 or disabled. Medicare was administered by the Centers for Medicare and Medicaid Services, a federal agency under the United States Department of Health and Human Services ("HHS").

3. The Texas Medical Assistance Program, also known as the Texas Medicaid Program ("Medicaid"), was a federal and state health care benefit program. The Health and Human Services Commission, a Texas governmental agency, and HHS administered the Texas Medicaid Program.

4. Medicare and Medicaid were health care benefit programs as defined by Title 18,

United States Code, Section 24(b).

5. Individuals who qualify for Medicare and Medicaid benefits were commonly referred to as “beneficiaries.”

**THE DEFENDANT**

6. Defendant WILLIAM EDWARD BORJON was a resident of Hidalgo County, Texas and the manager of a medical clinic located at 2118 East Griffin Parkway in Mission, Texas (the “Medical Clinic”).

7. The Grand Jury incorporates by reference and re-alleges paragraphs 1 through 6 in each Count of this Indictment as if fully set forth therein.

**COUNT 1**  
**CONSPIRACY TO COMMIT HEALTH CARE FRAUD**  
**(18 U.S.C. § 1349)**

8. Beginning in or about January 2017 and continuing through in or about January 2018, in the McAllen Division of the Southern District of Texas, and elsewhere within the jurisdiction of the Court, the exact dates being unknown, the Defendant,

**WILLIAM EDWARD BORJON**

knowingly and willfully did combine, conspire, confederate and agree with others known and unknown to the Grand Jury, to violate Title 18, United States Code, Section 1347, that is, to execute a scheme to defraud a health care benefit program affecting commerce, as defined by Title 18, United States Code, Section 24(b), that is, Medicare and Medicaid, and to obtain, by means of false and fraudulent pretenses, representations and promises, money and property owned by, and under the custody and control of, said health care benefit programs, in connection with the delivery of and payment for health care benefits, items and services.

**OBJECT OF THE CONSPIRACY**

9. The object and purpose of the conspiracy and scheme was for the Defendant and others to unlawfully enrich themselves by submitting claims to Medicare and Medicaid that falsely and fraudulently identified the rendering provider.

**MANNER AND MEANS OF THE CONSPIRACY**

10. The manner and means by which the Defendant and his co-conspirators sought to accomplish the object of the conspiracy included, but were not limited to, the following:

- a. In or around January 2017, the Defendant was the manager of the Medical Clinic which was operated under the name and identity of his father, Dr. Eduardo Fausto Borjon ("Dr. B."). At that time, however, Dr. B. was suffering from various medical conditions, including but not limited to dementia. Dr. B. was not mentally fit to practice medicine and had stopped seeing patients at the Medical Clinic.
- b. In order to continue operating the Medical Clinic, the Defendant hired Dr. Angel Luis Claudio ("Dr. Claudio") to see patients at the Medical Clinic. At that time, however, Dr. Claudio was under federal criminal indictment in the Northern District of Texas and was under court order not to be involved in the treatment of, or billing for, Medicare and Medicaid beneficiaries.
- c. At the direction of the Defendant, beginning in or around January 2017 and continuing through in or around January 2018, Dr. Claudio treated Medicare and Medicaid beneficiaries at the Medical Clinic in violation of court order.
- d. During the conspiracy, the Defendant falsely and fraudulently used, and caused others to use, the identity of Dr. B. to submit claims to Medicare and Medicaid

for services performed by Dr. Claudio.

- e. During the conspiracy, claims submitted to Medicare and Medicaid falsely and fraudulently identified the rendering physician as Dr. B., when in truth and fact the rendering physician was Dr. Claudio.
- f. During the conspiracy, the Defendant falsely and fraudulently identified Dr. B. as the rendering provider in order to conceal from Medicare and Medicaid that Dr. Claudio was the true rendering provider.
- g. During the conspiracy the Defendant used the identity of Dr. B., including Dr. B's purported signature, to create or cause others to create false and fraudulent documents.
- h. During the conspiracy the Defendant used the identity of Dr. B., including Dr. B's purported signature, to create or cause others to create false and fraudulent medical records.
- i. During the conspiracy the Defendant used the identity of Dr. B., including Dr. B's purported signature, to create or cause others to create false and fraudulent Plan of Care forms purporting to authorize telemonitoring services for patients.
- j. It was further a part of the conspiracy that the Defendant and his co-conspirators caused Medicare and Medicaid to pay claims based on submissions that falsely and fraudulently misidentified the rendering provider.

All in violation of Title 18, United States Code, Sections 1349.

**COUNTS 2- 4**  
**FALSE STATEMENTS RELATED TO HEALTH CARE MATTERS**  
**(18 U.S.C. §§ 1035 and 2)**

11. The Grand Jury incorporates by reference and re-alleges paragraph 10 as though set forth in its entirety here.

12. Beginning in or about January 2017 and continuing through in or about January 2018, in the McAllen Division of the Southern District of Texas, and elsewhere within the jurisdiction of the Court, the exact dates being unknown, the Defendant

**WILLIAM EDWARD BORJON**

along with others known and unknown to the Grand Jury, in a matter involving a health care benefit program, that is, Medicare, knowingly and willfully made materially false, fictitious, or fraudulent statements or representations, or made use of a materially false writing or document knowing the same to contain a materially false, fictitious, or fraudulent statement or entry, in connection with the delivery of or payment for health care benefits, items, or services.

13. Specifically, with regard to each patient and date of service set forth below, the Defendant submitted, or aided and abetted the submission, of claims to Medicare that falsely identified the rendering provider as Dr. B., when in truth and fact that rendering provider was Dr. Claudio.

Count	Patient	Date of Service (on or about)
2	F.S.	May 30, 2017
3	Z.G.	July 11, 2017
4	R.G.	August 1, 2017

All in violation of Title 18, United States Code, Sections 1035 and 2.

**COUNT 5**  
**AGGRAVATED IDENTITY THEFT**  
**(18 U.S.C. §§ 1028A and 2)**

14. The Grand Jury incorporates by reference paragraph 10 and paragraphs 12-13 as though set forth in their entirety here.

15. Beginning in or about January 2017 and continuing through in or about January 2018 in the McAllen Division of the Southern District of Texas and elsewhere within the jurisdiction of the Court, the exact dates being unknown to the Grand Jury, Defendant

**WILLIAM EDWARD BORJON**

during and in relation to a felony violation of Title 18, United States Code, Sections 1349 and 1035 did knowingly transfer, possess, and use, without lawful authority, one or more means of identification of another person, to wit Dr. Eduardo Fausto Borjon.

All in violation of Title 18, United States Code, Sections 1028A and 2.

**NOTICE OF CRIMINAL FORFEITURE**  
**(18 U.S.C. § 982(a)(7))**

Pursuant to Title 18, United States Code, Section 982(a)(7), the United States gives notice that upon Defendant's conviction of conspiracy to commit health care fraud as charged in Count One of this Indictment and False Statements Related to Health Care Matters as charged in Counts Two, Three, and Four in this Indictment, the United States intends to seek forfeiture of all property, real or personal, which constitutes or is derived, directly or indirectly, from gross proceeds traceable to such offenses.


**MONEY JUDGMENT AND SUBSTITUTE ASSETS**

The United States gives notice that it will seek a money judgment against the Defendant. In the event that one or more conditions listed in Title 21, United States Code, Section 853(p) exist, the United States will seek to forfeit any other property of the Defendant up to the amount of the money judgment.

A TRUE BILL

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FOREPERSON

RYAN K. PATRICK  
UNITED STATES ATTORNEY

  
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ANDREW R. SWARTZ  
ASSISTANT UNITED STATES ATTORNEY